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## BIB DATA SHEET

CONFIRMATION NO. 4140

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/099,634	03/15/2002	600	3779	H-PM-00020 (1800-20) [114]
<b>APPLICANTS</b> Michael P. Whitman, New Hope, PA; John E. Burbank, Ridgefield, CT; David A. Zeichner, Oxford, CT;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/887,789 06/22/2001 PAT 7,032,798 which is a CIP of 09/836,781 04/17/2001 PAT 6,981,941 which is a CIP of 09/723,715 11/28/2000 PAT 6,793,652 which is a CIP of 09/324,451 06/02/1999 PAT 6,315,184 and is a CIP of 09/324,452 06/02/1999 PAT 6,443,973 and is a CIP of 09/351,534 07/12/1999 PAT 6,264,087 and is a CIP of 09/510,923 02/22/2000 PAT 6,517,565 which is a CIP of 09/324,452 06/02/1999 PAT 6,443,973 and is a CIP of 09/510,927 02/22/2000 PAT 6,716,233 which is a CIP of 09/324,452 06/02/1999 PAT 6,443,973 and is a CIP of 09/510,932 02/22/2000 PAT 6,491,201				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 04/08/2002				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /PHILIP ROBERT SMITH/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance prs Initials	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWINGS</b> 59	<b>TOTAL CLAIMS</b> 36
<b>INDEPENDENT CLAIMS</b> 11				
<b>ADDRESS</b> Tyco Healthcare Group LP 555 Long Wharf Drive Mail Stop 8-N1 New Haven, CT 06511 UNITED STATES				
<b>TITLE</b> A MOISTURE-DETECTING SHAFT FOR USE WITH AN ELECTRO-MECHANICAL SURGICAL DEVICE				
<b>FILING FEE RECEIVED</b> 915	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	